



APPLICATION FOR LONG TERM LOAN

Rs. 2/-

Fresh / Renewal

The Chairman

→ Attach Current Payslip

C/A or S/B A/c No. ....

Sir,

I like to apply for a Long Term Loan of Rs. .... (Rupees ..... (only)  
 for ..... purpose subject to the Bye-Laws and rules of the Co-operative Society.

The necessary undertaking and particulars are given below :

1. Full Name (In block letters) .....
2. Father's / Husband's Name .....
3. Designation ..... Branch ..... Br. Code .....  
 Department ..... PF No. ....
4. Permanent Address .....
5. Date of appointment ..... Date of Birth .....
6. Period of Service ..... Contact No. (mobile) .....  
 Net Amount payable by the Bank after all deductions .....
7. I hereby confirm that the above information given by me is an absolutely correct and nothing has been  
 concealed. In terms of Sec. 58 of M.S.C.S. Act 1984. I hereby authorise to the Society to deduct from my  
 salary a Sum of Rs. .... Next month onwards monthly contribution of my long  
 term loan instalment.

FOR OFFICE USE ONLY	
Original Long Term Loan	Rs. ....
Present Balance of L.T. Loan	Rs. ....
R. B. Fund Deduction	@ Rs. ....
Checked & Found correct May be Sanctioned for	Rs. ....
Head Clerk	
Recommended	Sanctioned
CHAIRMAN / SR. VICE CHAIRMAN / V.C./A.O.	
Date of Sanction .....	

Yours faithfully,

(Full Signature of the Member / Borrower)

Representative of S.B.I.S.A. .... Branch / Unit

Signature in full ..... (Signature of Secretary / Representative)

**Seal of unit Secretary / Representative**

Particular of Surety

SURETY - 1

Name in Block Letters ..... Father's Name .....

Signature in full ..... Designation ..... Date of Birth .....

Computer No. .... PF Index No. .... Phone No./Mob. No. ....

Dept./ Branch ..... Br. Code .....

**LOAN BOND**

**State Bank of India Staff Association Co-operative Society**

11, ABDUL HAMID STREET, KOLKATA - 700 069

Under the provisions of the M.S.C.S. Acts, & Rules, 1984, I authorise State Bank of India (my employer) to deduct from my Salary or any other money payable to me including subsistence allowance such amount on account of instalments due on this loan, as may be furnished to them by S.B.I.S.A. Co-op Society Ltd., from time to time and pay the same direct to S.B.I.S.A. Co-op Society Ltd. in satisfaction of this loan. I also agree that I shall not withdraw or be entitled to revoke the said authority until the whole of my debt to the said Bank is fully liquidated and I shall sign all papers and statements that may be required by my employer, in this connection.

I further Authorise State Bank of India (my employer) in the event of my retirement or death or having been placed under suspension or termination of my service for any cause whatsoever before this loan and the interest due thereon have been fully repaid, to deduct from the moneys due to me or standing to my credit or due to my estate or my Provident Fund or gratuity or pension to which I may become entitled such amount as will be sufficient to liquidate balance of this loan and interest thereon up to the date of repayment and to pay the same direct to S.B.I.S.A. Co-operative Society Ltd. in satisfaction of this loan.

Witness :

Name .....

Signature in Full .....

PF No : .....

Phone No./Mob. No. ....

(Full signature of borrower)

No.

Rs. 2/-

# 14142 APPLICATION FOR SHORT TERM LOAN



## FRESH / RENEWAL

The Administrative Officer  
State Bank of India Staff Association Co-operative Society Ltd.  
11, Abdul Hamid Street, Kolkata - 700 069

Date of Birth .....  
Date of Appointment .....  
PF Index No. ....  
SB A/c. No. ....  
Signature .....

Dear Sir,

I am urgent need of monney for Payment of Examination fees for Children/Emergent Medical Expenses/Payment of Life Insurence Premium/Purchase of Books for Children/Liquidating Petty Bazar Debts and shall be glad if you will kindly grant me a loan of Rs. .... (Rupees ..... ) to be repaid by monthly instalment by deduction ferom my salary paid by the State Bank of India ..... Branch.

I have read the rules and I agree to abide by the same.  
Dated the ..... day of ..... 200

Yours faithfully,

### SURETY

I, the undersigned, agree, to stand surety for the above loan and bind myself to make payment of the loan together with interest. (in such a manner as may be determined by the Bank) in the event of Shn.....

(Name in Block Capital)

(Signature in full)

.....'s death, dismissal or otherwise refusing / failing to make payment.

Father's Name.....

Dept./Branch.....

Basic Salary Rs. ....

Period of service ..... Years ..... Months

Dept / Branch..... (Signature in full)

### Signed in the presence of:

Witness ..... (NAME IN BLOCK CAPITAL)

Dept/Branch.....

Date .....

Signature of Surety & Withness attested.

Unit Secretary/Representative

(Seal)

Date:

Dept / Branch.....

Date.....

Certified that Basic salary & Lenth of service of the applicant as noted in the application are correct.

Signature of the Branch Manager/Head of the Office  
STABANK OF INDIA.....

Seal

Date:

FOR OFFICE USE ONLY	
Original Short Term Loan	Rs.....
Present Balance of S.T. Loan	Rs.....
R. B. Fund Deduction	@ Rs.....
Checked & Found correct May be Sanctioned for	Rs.....
Recommended	Sanctioned
CHAIRMAN / SR. VICE CHAIRMAN / V.C./A.O.	
Date of Sanction.....	

## LETTER OF AUTHORITY

To  
The Branch Manager/Chief Manager/Chief Accountant/D.G.M.  
State Bank of India

Full Name..... (IN BLOCK LETTER)

Designation.....

State Bank of India..... (BRANCH)

..... Branch / Department

Dated.....

STATE BANK OF INDIA STAFF ASSOCIATION CO-OPERATIVE SOCIETY LTD.  
11, ABDUL HAMID STREET, KOLKATA - 700 069  
Deduction (Monthly) from salary of Account on SHORT TERM LOAN.

Dear Sir,

Under the provisions of section 58 of the Multi State Co-operative Societies Act. 1984, I hereby authorise and request you to deduct from my Salary and Allowances (Wages) or Subsistance Allowance in case of suspension and to pay the S.B.I. STAFF ASSOCIATION CO-OPERATIVE SOCIETY LTD., 11, ABDUL HAMID STREET, KOLKATA - 69. Each month, the amount of Instalment to be demanded by the Society representing my monthly contribution to wards my SHORT TERM LOAN Instalments/RBF.

I HEREBY DECLARE THAT THIS LETTER OF AUTHORITY SHALL NOT BE REVOKED BY ME WITHOUT WRITTEN CONSENT OF THE S.B.I.S.A. CO-OPERATIVE SOCIETY LTD.

Yours faithfully,

Witness - Signature.....

(Signature in full)

Department / Branch

One copy of Letter of Authority (perforated Part) should be retained in the BANK while forwarding this application

Full Name..... (IN BLOCK LETTER)

State Bank of India..... Branch

(To be retained by Br. Manager)

No. 14142

## LETTER OF AUTHORITY

Deduction (Monthly) from salary of Account on SHORT TERM LOAN.

To  
The Branch Manager/Chief Manager/Chief Accountant/D.G.M.  
State Bank of India

Full Name..... (IN BLOCK LETTER)

Designation.....

State Bank of India..... (BRANCH)

..... Branch / Department

Dated.....

STATE BANK OF INDIA STAFF ASSOCIATION CO-OPERATIVE SOCIETY LTD.  
11, ABDUL HAMID STREET, KOLKATA - 700 069  
Deduction (Monthly) from salary of Account on SHORT TERM LOAN.

Dear Sir,

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I HEREBY DECLARE THAT THIS LETTER OF AUTHORITY SHALL NOT BE REVOKED BY ME WITHOUT WRITTEN CONSENT OF THE S.B.I.S.A. CO-OPERATIVE SOCIETY LTD.

Yours faithfully,

Witness - Signature.....

(Signature in full)

Department / Branch

One copy of Letter of Authority (perforated Part) should be retained in the BANK while forwarding this application

Full Name..... (IN BLOCK CAPITAL)

State Bank of India..... Branch



11552

## SPECIAL SHORT TERM LOAN APPLICATION FORM

No. FOR PURCHASING ELECTRONIC GOODS / MEDICAL TREATMENT/EDUCATION

Rs.2/-

FRESH / RENEWAL

The Administrative Officer  
State Bank of India Staff Association Co-operative Society Ltd  
11, Abdul Hamid Street, Kolkata - 700 069



Date of Birth.....  
Date of Appointment.....  
PF Index No.....  
SR A/c No.....  
Signature.....

Dear Sir

I am in urgent need of money for Payment of Examination fees for Children/Emergent Medical Expenses/Payment of Life Insurance Premium/Purchase of Books for Children/repaying Petty Bazar Debt and shall be glad if you will kindly grant me a loan of Rs. (Rupees.....) to be repaid by monthly instalment by deduction from my salary paid by the State Bank of India..... Branch

I have read the rules and I agree to abide by the same.

Dated the \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_ Yours faithfully,

**BURETY**

I the undersigned, agree to stand surety for the above loan and bind myself to make payment of the loan together with interest in such a manner as may be determined by the Bank in the event of SBI.....

In the event of my death, dismissal or otherwise refusing / failing to make payment.....

(Signature in full)

Dept./Branch.....

Signed in the presence of:

Witness.....

(Name in Block Capital)

Dept./Branch.....

Date.....

Signature of Surety &amp; Witness attached

Unit Secretary/Representative

(Date).....

Date.....

Dept./Branch.....

Date.....

Certified that Basic Salary & Length of service of the applicant as noted in the application are correct

Signature of the Branch Manager/Head of the Office

STATE BANK OF INDIA.....

Date.....

Date.....

.....  
(Name in Block Capital).....  
(Signature in full)

Father's Name.....

Dept./Branch.....

Basic Salary Rs.....

Period of Service..... Years..... Months

**FOR OFFICE USE ONLY**

Original Short Term Loan..... Rs.....

Present Balance of S. T. Loan..... Rs.....

R. B. Fund Deduction @ Rs.....

Checked &amp; Found correct..... Rs.....

May be Sanctioned for.....

Head Clerk

Recommended..... Sanctioned.....

CHAIRMAN / SR. VICE CHAIRMAN / V.C. / A.O.

Date of Sanction.....

**LETTER OF AUTHORITY**

To  
The Branch Manager/Chief Manager/Chief Accountant/D.G.M.  
State Bank of India

Full Name..... (IN BLOCK CAPITAL)

Designation.....

State Bank of India..... (BRANCH)

Branch /Department

Dated.....

**STATE BANK OF INDIA STAFF ASSOCIATION CO-OPERATIVE SOCIETY LTD.****11, ABDUL HAMID STREET, KOLKATA - 700 069**

Deduction (Monthly) from salary of Account on SHORT TERM LOAN

Dear Sir,

Under the provisions of section 58 of the Multi State Co-operative Societies Act, 1984, I hereby authorise and request you to deduct from my Salary and Allowances (Wages) or Subsistence Allowance in case of suspension and to pay the S.B.I. STAFF ASSOCIATION CO-OPERATIVE SOCIETY LTD., 11, ABDUL HAMID STREET, KOLKATA-69. Each month, the amount of Instalment to be demanded by the Society representing my monthly contribution towards my SHORT TERM LOAN Instalments/RBF.

I HEREBY DECLARE THAT THIS LETTER OF AUTHORITY SHALL NOT BE REVOKED BY ME WITHOUT WRITTEN CONSENT OF THE S.B.I. S.A. CO-OPERATIVE SOCIETY LTD.

Yours Faithfully,

Witness - Signature.....

(Signature in full)

Full Name..... (IN BLOCK CAPITAL)

Department / Branch

State Bank of India..... Branch

One copy of Letter of Authority (perforated Part) should be retained in the BANK while forwarding this application

(To be retained by Br. Manager)

No. 11552

**LETTER OF AUTHORITY**

To  
The Branch Manager/Chief Manager/Chief Accountant/D.G.M.  
State Bank of India

Full Name..... (IN BLOCK CAPITAL)

Designation.....

State Bank of India..... (BRANCH)

Branch /Department

Dated.....

**STATE BANK OF INDIA STAFF ASSOCIATION CO-OPERATIVE SOCIETY LTD.****11, ABDUL HAMID STREET, KOLKATA - 700 069**

Deduction (Monthly) from salary of Account on SHORT TERM LOAN

Dear Sir,

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Yours Faithfully,

Witness - Signature.....

(Signature in full)

Full Name..... (IN BLOCK CAPITAL)

Department / Branch

State Bank of India..... Branch

One copy of Letter of Authority (perforated Part) should be retained in the BANK while forwarding this application